

2683

FILED OUT ALL DEATHS. PHYSICIANS should state CAUSE OF DEATH in Plain terms, it may be properly classified. If any item not be obtained insert the word "unknown." Make every effort possible to obtain this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		Arizona Territorial Board of Health BUREAU OF VITAL STATISTICS	
COUNTY OF MARICOPA		ORIGINAL CERTIFICATE OF DEATH	107102
DISTRICT OF PHOENIX		TERRITORIAL INDEX NO.	4
TOWN		COUNTY REGISTERED NO.	1005-
OR CITY OF PHOENIX		NO. 1517 H. Jackson	ST. LOCAL REGISTRAR'S NO. 1005-
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME Infant of Mr. and Mrs. J. H. Bryant			
PERSONAL AND STATISTICAL PARTICULARS.		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR or RACE <u>White</u>	DATE OF DEATH <u>Jan 3</u> 191 <u>2</u>	
	<u>Married</u>	(Month) (Day) (Year)	
	<u>Single</u>	I hereby certify that I attended deceased from	
	<u>Divorced</u>	191 <u>1</u> to <u>Jan 3</u> 191 <u>2</u> ; that I last saw h <u>er</u> alive	
DATE OF BIRTH		on <u>Jan 3</u> 191 <u>2</u> and that death occurred on the date	
(Month) (Day) (Year)		stated above at <u>9 A.M.</u> The DISEASE or INJURY causing Death	
AGE	If less than 1 day <u>15</u>	was as follows:	
yrs. mos. days hrs. or min.		<u>Non Viable</u>	
OCCUPATION		(Duration) <u>10</u> mos. days	
(a) Trade, profession or particular kind of work		Was disease contracted in Arizona?	
(b) General nature of industry, business, or establishment in which employed (or employer)		If not, where?	
BIRTHPLACE (State or country)	<u>Phoenix</u>	CONTRIBUTORY	
NAME OF FATHER	<u>J. H. Bryant</u>	(Duration) yrs. mos. days	
BIRTHPLACE OF FATHER (State or country)	<u>Texas</u>	(Signed) <u>R. M. Taper</u> M. D.	
MAIDEN NAME OF MOTHER	<u>Bellings</u>	Jan 3, 191 <u>2</u> (Address) <u>3019 W. 8th St. Phoenix</u>	
BIRTHPLACE OF MOTHER (State or country)	<u>Texas</u>	*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		LENGTH OF RESIDENCE	
(Informant) <u>J. H. Bellings</u>		At place of death yrs. mos. ds. In Arizona yrs. mos. ds.	
(Address) <u>Phoenix</u>		Former or Usual Residence	
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL	Filed <u>Jan. 4</u> 191 <u>2</u> <u>R. M. Taper</u> Local Registrar.	
<u>Forest Lawn Cem.</u>	<u>Jan 4</u> 191 <u>2</u>	Filed <u>2/12</u> 191 <u>2</u> <u>H. B. J. Dugan</u> County Registrar.	
UNDERTAKER	ADDRESS		
<u>Whitney</u>	<u>Phoenix</u>		